

FILED MAR 28 1950

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9592

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5124</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Macon Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Eagle</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Eagle</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #3 Macon</u>				d. STREET ADDRESS (If rural, give location) <u>RFD #3 Macon</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlotte</u> b. (Middle) <u>Bell</u> c. (Last) <u>Tuttle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 11 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 6 1873</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>9</u>		11. DAYS <u>5</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Memphis, Mo.</u>	
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>D.M. Tuttle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R.M. Tuttle</u> ADDRESS <u>Bevier, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Insufficiency</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Hypertensive Cardiovascular Disease, with</u> DUE TO (c) <u>Coronary Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cystitis</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>5 years</u> <u>4201</u> <u>1 year</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 18 49</u> , to <u>Mar 11, 1950</u> , that I last saw the deceased alive on <u>Mar 1, 1950</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. E. W. Weidlich</u> (Degree or title)				23b. ADDRESS <u>Bevier, Mo.</u>		23c. DATE SIGNED <u>3/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Tabier</u>		24d. LOCATION (City, town, or county) (State) <u>Atlanta Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-14-50</u>		REGISTRAR'S SIGNATURE <u>W. H. McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens &amp; Gooding</u> ADDRESS <u>Macon Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9/23/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 2/50/53.....  
Date Filed 9/25/50.....

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.